

Most Important Changes to Health care products for 2014

Discovery Health Medical Scheme

Discovery Health Medical Scheme ('Discovery') has announced an average increase of 8.9% for 2014.

Discovery's main focus for 2014 is to contain the contribution increase to 8.9% on all plan types and family sizes to maintain affordability and sustainability, to enhance benefits and expand full cover choices for members.

The Chronic benefit has been enhanced to give members high quality care in, for example, diabetes management through the Bluetooth telemetry device which can alert their treating doctor of their condition.

Some of the pertinent changes

- Enhancements to the Insured Network Benefit
- Enhancements to maternity benefits
- Chronic medicines and limit changes
- Managing diabetes digitally

Vitality changes

- Enhanced Woolworths HealthyFood Benefit
- Introduction of the Vitality LiveWell programmes
- Introduction of new travel partners

Admed Gap

Name change from AdmedGap to AdmedAdd+ with a number of benefit enhancements discussed in the document

Contribution for 2014 is R87 per family per month.

OcsaCare

Contribution for 2014 is R225 per month which offers basic day-to-day medical provision for the employee only, no hospital cover. This product does not cover any dependants. An additional benefit covered for 2014 is a flu injection.

Information sessions

We would strongly advise members attend one of the information sessions.

Datum		Time	Venue
4 Nov 2013	JSG Library (General – AFR)	09:00 – 10:00	Auditorium
	JSG Library (General – AFR)	11:00 – 12:00	
	JSG Library (General – ENG)	14:00 – 15:00	
5 Nov 2013	USB	10:00 – 12:00	Main Building Room 212
	Tygerberg	14:00 – 16:00	Lesinglokaal 2, Onderwysgebou
6 Nov 2013	Tygerberg	10:00 – 12:00	Lesinglokaal 2, Onderwysgebou
	USB	14:00 – 16:00	Main Building Room 212
8 Nov 2013	JSG Library (General – AFR)	09:00 – 10:00	Auditorium
	JSG Library (Pensioners – AFR)	11:00 – 12:00	
	JSG Library (Pensioners – AFR)	14:00 -15:00	
11 Nov 2013	JSG Library (General – AFR)	09:00 – 10:00	Auditorium
	JSG Library (Pensioners – AFR)	11:00 – 12:00	

One – on –one sessions

Members can call the Human Resources Client Service Centre on 021 808 2753 to reserve an appointment with a NMG consultant regarding their plan choice for 2014.

Plan changes for 2014

Members who wish to make a plan change for 2014, will be given the opportunity to make these changes online via the Human Resources link on the University's website. Members will be able to make these changes online from Thursday **4 November 2013 to 29 November 2013 at 14h30.**

Members who do not have access to a computer and/or the website, have to contact the Human Resources Client Service Centre for assistance.

HOW TO CHANGE YOUR PLAN FOR 2014 ON THE WEBSITE

- Visit the US webpage at <http://www.sun.ac.za>
- Click 'For Personnel'
- Enter your 'Username and Password'
- Choose 'SUN-e-HR'
- Click on 'SUN Employee Self Service'
- Kliek op "Remuneration and Banking"
- At 'External Links' choose 'Medical Aid Choice 2014'
- Click on "Choose Medical Aid for 01 Jan 2014"
- You will only be allowed to structure your medical scheme plan

CHOOSE YOUR PLAN FOR 2014 NOW

- The option to choose your plan will be under Struktureringsvoordele / Structuring Benefits
- When clicking on the down arrow all the plan options will appear. **Click on your chosen plan for 2014**
- Choose Vitality or KeyFit or Vitality & KeyFit (both)
- Once you have made your choice, your MSA and Threshold (if applicable) will automatically appear.

Confirm your choice by clicking on

Once you have clicked on you will receive an e-mail confirming the plan choice that you have made for 2014. If you do not receive an e-mail it means that your plan choice has not been stored and package structuring and we then request that you send an urgent e-mail to nmgca@sun.ac.za confirming your plan choice for 2014.

The closing date for plan choices is 29 November 2013 at 14h30 and not any other date that you may see on any of Discovery Health's communications.

Enquiries

Should you have any queries regarding your **plan choice for 2014**, please contact Chantel Smith at the SU campus satellite office:

Date and times	Contact details	Address
Monday, Tuesday and Thursday 08h00 to 16h30	Tel: (021) 808 4827 or nmgca@sun.ac.za	Stellenbosch Campus Admin building Block C Room C1322
Wednesday 08h00 to 13h00	Tel: (021) 938 9013 or nmgca@sun.ac.za	Tygerberg Campus Admin building Room 1061
Friday 08h00 to 16h30	Tel: (021) 943 1800 or nmgca@sun.ac.za	NMG Cape Town Belvedere Park Bellville

Should you have any problematic queries regarding your **claims, membership, chronic benefits or general administration**, please contact your Discovery Health call centre on:

Share Call: 0860 10 30 80
Website: www.discovery.co.za

General

Please note that NMG has made every effort to ensure that the information provided in this newsletter is correct, but that this is merely a summary of the benefits and in the event of a dispute, the rules of the various schemes will prevail.

From 29 October 2013, detailed information regarding all the health care plans for 2014 will be available on the SU's homepage (<http://www0.sun.ac.za/hr/documents/policies-and-procedures/>).

Discovery Health Benefit Comparison 2014

Benefits	KeyCare Plans	Core Plans	Saver Plans	Priority Plans	Comprehensive Plans	Executive Plan
<p>COVER BENEFITS</p>	<p>The KeyCare Core and KeyCare Plus plans offer affordable private health care through a selected national network of private health care providers. The hospital benefit on both plans offer 100% cover at the Discovery Health tariff (DH-tariff) in a network of private hospitals.</p> <p>The KeyCare Access plan offer affordable, quality private healthcare through a network of private health care providers and hospitals for emergencies, trauma, maternity and the baby for the first 12 months from the baby's date of birth</p> <p>Elective procedures are covered in a network of state facilities.</p>	<p>The Classic, Essential, Coastal, Classic Delta and Essential Delta Core Plans offer comprehensive in-hospital benefits.</p> <p><u>The Delta plans offer in-hospital cover through a network of private hospitals</u></p>	<p>The Classic, Essential, Coastal, Classic Delta and Essential Delta Saver Plans offer comprehensive in-hospital cover and basic day-to-day cover through a Medical Savings Account.</p> <p><u>The Delta plans offer in-hospital cover through a network of private hospitals</u></p>	<p>The Classic and Essential Priority Plans offer cost effective in-and out-of hospital cover. A defined co-payment is payable on specified in-hospital planned/elective procedures.</p>	<p>The Classic, Essential, Classic Delta and Essential Delta Comprehensive Plans offer comprehensive in-and out-of hospital cover.</p> <p>The Classic Comprehensive Zero MSA offers comprehensive in-hospital cover and out-of hospital cover once threshold reached.</p> <p><u>The Delta plans offer in-hospital cover through a network of private hospitals</u></p>	<p>The Executive Plan offers the most comprehensive in-and day-to-day cover of all the Discovery Health Plans</p>

Discovery Health Benefit Comparison 2014

Benefits	KeyCare Plans	Core Plans	Saver Plans	Priority Plans	Comprehensive Plans	Executive Plan
DAY-TO-DAY BENEFITS	<p><u>KeyCare Core</u> No benefit</p> <p><u>KeyCare Plus and Access</u> Members have access to Discovery Health's comprehensive network of private practitioners</p> <p><u>No Medical Savings Account (MSA)</u></p> <p><u>No Above Threshold Benefit (ATB)</u></p> <p><u>KeyCare Core and Plus</u> Cover For specialist visits with a referral from a network GP for KeyCare Plus and an authorisation number.</p> <p>Specialist limit of R2, 750 per person per year.</p> <p><u>KeyCare Access</u> Specialist visits in network, subject to limit for emergencies, trauma, maternity and the baby for the first 12 months from the baby's date of birth</p>	<p>No day-to-day benefits</p> <p><u>No Medical Savings Account (MSA)</u></p> <p><u>No Above Threshold Benefit (ATB)</u></p>	<p><u>Medical Savings Account (MSA)</u></p> <p>Day-to-day benefits are paid from the MSA</p> <p><u>MSA value</u> Classic Saver: 25% Essential Saver: 15% Coastal Saver: 25% Classic Delta: 25% Essential Delta: 15%</p> <p>Any remaining savings will role-over from one year to the next.</p> <p><u>No Above Threshold Benefit (ATB)</u></p> <p><u>Insured Network Benefit</u> Members on Saver plans have defined cover for network GP visits once their MSA is exhausted.</p> <p>Classic and Coastal Saver Single member: 3 visits Family: 6 visits Essential Saver Single member: 2 visits Family: 4 visits</p> <p>Members on Classic and Classic Delta Saver plans have eight antenatal consultations and two 2D scans once their MSA is exhausted. Members must use a network provider.</p>	<p><u>Medical Savings Account (MSA)</u></p> <p>Day-to-day benefits are paid from the MSA and ATB <u>MSA value</u> Classic Priority: 25% Essential Priority: 15% Any remaining savings will role-over from one year to the next.</p> <p><u>Above Threshold Benefit (ATB)</u> The ATB offers cover for day-to-day expenses as soon as a threshold level has been reached: Annual Threshold Principal member: R9,990 Spouse/Adult: R7,510 Per child: R3,270 (Maximum of three children) Overall ATB limit Principal member: R8,500 Spouse/Adult: R6,050 Per child: R2,920 (Maximum of three children) Insured Network Benefit In Self Payment Gap: Network GP visits and a defined list of durable external medical items at network providers on both plans. On Classic Priority: Pathology tests at Network pharmacies, unlimited antenatal consultations and two 2D scans at network provider in Self Payment Gap.</p>	<p><u>Medical Savings Account (MSA)</u></p> <p>Day-to-day benefits are paid from the MSA and ATB <u>MSA value</u> Classic Comp: 25% Essential Comp: 15% Classic Delta Comp: 25% Essential Delta Comp: 15% Any remaining savings will role-over from one year to the next.</p> <p><u>Above Threshold Benefit (ATB)</u> The ATB offers cover for day-to-day expenses as soon as a threshold level has been reached: Annual Threshold Principal member: R11,350 Spouse/Adult: R11,350 Per child: R2,150 (Maximum of three children) Classic Comprehensive Zero MSA No MSA and member fund all day-to-day claims till threshold reached.</p> <p>Insured Network Benefit In Self Payment Gap: Unlimited Network GP visits and a defined list of durable external medical items at network providers all plans. Classic and Classic Delta Comprehensive: Pathology tests and schedule 3 and above acute generic and certain brand medication at network pharmacies. Unlimited antenatal consultations and two 2D scans at network provide in Self Payment Gap.</p>	<p><u>Medical Savings Account (MSA)</u></p> <p>Day-to-day benefits are paid from the MSA and ATB <u>MSA value</u> Executive : 25%</p> <p>Any remaining savings will role-over from one year to the next.</p> <p><u>Above Threshold Benefit (ATB)</u> The ATB offers cover for day-to-day expenses as soon as a threshold level has been reached: Annual Threshold Principal member: R12,300 Spouse/Adult: R12,300 Per child: R2,300 (Maximum of three children) Insured Network Benefit In Self Payment Gap: Unlimited Network GP visits, Pathology tests and schedule 3 and above acute generic and certain brand medication at network pharmacies paid from Hospital benefits. Unlimited antenatal consultations and two 2D scans. A defined list of durable external medical items at network providers.</p>

Discovery Health Benefit Comparison 2014

Benefits	KeyCare Plans	Core Plans	Saver Plans	Priority Plans	Comprehensive Plans	Executive Plan
OVERALL ANNUAL HOSPITAL LIMIT	No limit	No limit	No limit	No limit	No limit	No limit
IN-HOSPITAL COVER for specialists	<p>The cost of specialists are paid from the hospital benefit up to the following:</p> <p>KeyCare Core and KeyCare Plus: 100% of the DH-tariff</p> <p>KeyCare Access 100% of DH tariff for emergencies, trauma, maternity and the baby in the first 12 months after the birth of the baby. Elective procedures in a network of state facilities</p>	<p>The cost of specialists are paid from the hospital benefit up to the following:</p> <p>Classic: 200% of DH-tariff Coastal: 100% of DH-tariff Essential: 100% of DH-tariff Classic Delta: 200% of DH-tariff Essential Delta: 100% of DH-tariff</p>	<p>The cost of specialists are paid from the hospital benefit up to the following:</p> <p>Classic: 200% of DH-tariff Coastal: 100% of DH-tariff Essential: 100% of DH-tariff Classic Delta: 200% of DH-tariff Essential Delta: 100% of DH-tariff</p>	<p>The cost of specialists are paid from the hospital benefit up to the following:</p> <p>Classic: 200% of DH-tariff Essential: 100% of DH-tariff</p>	<p>The cost of specialists are paid from the hospital benefit up to the following:</p> <p>Classic: 200% of DH-tariff Essential: 100% of DH-tariff Classic Delta: 200% of DH-tariff Essential Delta: 100% of DH-tariff</p>	<p>The cost of specialists are paid from the MSA and or ATB</p> <p>Executive: 300% of DH-tariff</p> <p>Private ward: Covered up to a maximum of R1, 400 per day</p>

Discovery Health Benefit Comparison 2014

Benefits	KeyCare Plans	Core Plans	Saver Plans	Priority Plans	Comprehensive Plans	Executive Plan
<p>HOSPITALISATION Pre-authorisation required [at least 48 hours prior to admission]</p>	<p>Paid from Hospital Benefit</p> <p>LIMITS Limits on Mental Health benefit and HIV/AIDS <u>Mental health benefit</u> Annual limit of 21 days per person on KeyCare Core and KeyCare Plus plans</p> <p>Sub-limit per person for alcohol and drug rehabilitation on both plans</p> <p>KeyCare Access Annual limit of 21 days per person in network of state facilities</p> <p>EMERGENCY HOSPITALISATION Any private hospital until stabilised, will then be transferred to a network hospital (child birth included).</p> <p>PLANNED HOSPITALISATION – Plus and Core plans Only in a network hospital Subject to approval.</p> <p>Elective caesarean section not covered</p> <p>KeyCare Access Approved elective admissions in network of state facilities</p>	<p>Paid from Hospital Benefit</p> <p>LIMITS Limits on Mental Health benefit and HIV/AIDS <u>Mental health benefit</u> Limited to 21 days on all plans</p> <p>Sub-limit per person for alcohol and drug rehabilitation</p> <p>Co-Payments Coastal a 30% Co-payment will be payable on the hospital account if a planned or elective hospital procedure is not performed in a Coastal network hospital</p> <p>Delta A R5,450 co-payment will be payable on the hospital account if a planned or elective hospital procedure is not performed in a network hospital</p>	<p>Paid from Hospital Benefit</p> <p>LIMITS Limits on Mental Health benefit and HIV/AIDS <u>Mental health benefit</u> Limited to 21 days on all plans</p> <p>Sub-limit per person for alcohol and drug rehabilitation</p> <p>Co-payments Coastal a 30% Co-payment will be payable on the hospital account if a planned or elective hospital procedure is not performed in a Coastal network hospital</p> <p>Delta A R5,450 co-payment will be payable on the hospital account if a planned or elective hospital procedure is not performed in a network hospital</p>	<p>Paid from Hospital Benefit</p> <p>LIMITS Limits on Mental Health benefit and HIV/AIDS <u>Mental health benefit</u> Limited to 21 days on all plans</p> <p>Sub-limit per person for alcohol and drug rehabilitation on both plans</p> <p>Defined deductibles Classic and Essential Priority: List of defined procedures that require a defined deductible that can range from R2,150 to R10,500</p>	<p>Paid from Hospital Benefit</p> <p>LIMITS Limits on Mental Health benefit and HIV/AIDS <u>Mental health benefit</u> Limited to 21 days</p> <p>Sub-limit per person for alcohol and drug rehabilitation</p> <p>Delta A R5,450 co-payment will be payable on the hospital account if a planned or elective hospital procedure is not performed in a network hospital</p>	<p>Paid from Hospital Benefit</p> <p>LIMITS Limits on Mental Health benefit and HIV/AIDS <u>Mental health benefit</u> Limited to 21 days</p> <p>Sub-limit per person for alcohol and drug rehabilitation</p>

Discovery Health Benefit Comparison 2014

Benefits	KeyCare Plans	Core Plans	Saver Plans	Priority Plans	Comprehensive Plans	Executive Plan
TRAUMA BENEFIT	Cover for day-to-day medical expenses incurred in the same year as specified catastrophic event. Only KeyCare Plus and Access	No Benefit	Cover for day-to-day medical expenses incurred in the same year as specified catastrophic event.	Cover for day-to-day medical expenses incurred in the same year as specified catastrophic event.	Cover for day-to-day medical expenses incurred in the same year as specified catastrophic event. No Benefits on Classic Comprehensive Zero MSA	Cover for day-to-day medical expenses incurred in the same year as specified catastrophic event.
INTERNAL MEDICAL APPLIANCES	No Benefit	Paid from Hospital Benefit <u>Sub-limits:</u> Cochlear implants and auditory brain implants: R170,000 per person per benefit Internal nerve stimulators: R124,000 per person Hip, shoulder and knee joint prostheses: R35,000 per person per prostheses Spinal surgery prostheses: R24,500 per person for each level (limits apply)	Paid from Hospital Benefit <u>Sub-limits:</u> Cochlear implants and auditory brain implants: R170,000 per person per benefit Internal nerve stimulators: R124,000 per person Hip, shoulder and knee joint prostheses: R35,000 per person per prostheses Spinal surgery prostheses: R24,500 per person for each level (limits apply)	Paid from Hospital Benefit <u>Sub-limits:</u> Cochlear implants and auditory brain implants: R170,000 per person per benefit Internal nerve stimulators: R124,000 per person Hip, shoulder and knee joint prostheses: R35,000 per person per prostheses Spinal surgery prostheses: R24,500 per person for each level (limits apply)	Paid from Hospital Benefit <u>Sub-limits:</u> Cochlear implants and auditory brain implants: R170,000 per person per benefit Internal nerve stimulators: R124,000 per person Hip, shoulder and knee joint prostheses: R35,000 per person per prostheses Spinal surgery prostheses: R24,500 per person for each level (limits apply)	Paid from Hospital Benefit <u>Sub-limits:</u> Cochlear implants and auditory brain implants: R170,000 per person per benefit Internal nerve stimulators: R124,000 per person Hip, shoulder and knee joint prostheses: R35,000 per person per prostheses Spinal surgery prostheses: R24,500 per person for each level (limits apply)
PRIVATE NURSING	No benefit	No benefit	Paid at 100% of the DH-tariff and limited to funds in MSA	Paid at 100% of the DH-tariff from MSA and ATB. Limit: (applicable to MSA and ATB) from Allied & Therapeutic Benefit	Paid at 100% of the DH-tariff from MSA and ATB. Limit: (applicable to MSA and ATB) from Allied & Therapeutic Benefit	Paid at 100% of the DH-tariff from MSA and ATB. Limit: (applicable to MSA and ATB) from Allied & Therapeutic Benefit
AMBULANCE AND EMERGENCY TRANSPORT Limited to approval by International SOS	Paid from Hospital Benefit No limit	Paid from Hospital Benefit No limits	Paid from Hospital Benefit No limit	Paid from Hospital Benefit No limit	Paid from Hospital Benefit No limit	Paid from Hospital Benefit No limit

Discovery Health Benefit Comparison 2014

Benefits	KeyCare Plans	Core Plans	Saver Plans	Priority Plans	Comprehensive Plans	Executive Plan
ORGAN TRANSPLANTS Pre-authorization required	Only covered in a State hospital	Paid from Hospital Benefit No limit Harvesting of donor organs not covered	Paid from Hospital Benefit No limit Harvesting of donor organs not covered	Paid from Hospital Benefit No limit Harvesting of donor organs not covered	Paid from Hospital Benefit No limit Harvesting of donor organs not covered	Paid from Hospital Benefit No limit Harvesting of donor organs not covered
DIALYSIS Pre-authorization required	KeyCare Plus and Core Approved treatment in a network hospital by a network doctor KeyCare Access Approved treatment in a state facility	Paid from Hospital Benefit No limit if you use a Discovery Designated Service Provider Day-to-day medicine covered via the Chronic Illness Benefit	Paid from Hospital Benefit No limit if you use a Discovery Designated Service Provider Day-to-day medicine covered via the Chronic Illness Benefit	Paid from Hospital Benefit No limit if you use a Discovery Designated Service Provider Day-to-day medicine covered via the Chronic Illness Benefit	Paid from Hospital Benefit No limit if you use a Discovery Designated Service Provider Day-to-day medicine covered via the Chronic Illness Benefit	Paid from Hospital Benefit No limit if you use a Discovery Designated Service Provider Day-to-day medicine covered via the Chronic Illness Benefit
BLOOD TRANSFUSION IN HOSPITAL	Only if part of an emergency operation	Paid from Hospital Benefit No limit	Paid from Hospital Benefit No limit	Paid from Hospital Benefit No limit	Paid from Hospital Benefit No limit	Paid from Hospital Benefit No limit
RADIOTHERAPY AND CHEMOTHERAPY Pre-authorization required	Only covered if treated by an Oncology network practitioner Limited to approval of Oncology treatment plan and up to Tier One treatment	<u>In-hospital</u> Paid from Hospital Benefit The first R200,000 of approved treatment in a 12 months cycle will be covered in full without any co-payments. Thereafter there will be a 20% co-payment for every additional Rand without any limit. Subject to approval of Oncology treatment plan	<u>In-hospital</u> Paid from Hospital Benefit The first R200,000 of approved treatment in a 12 months cycle will be covered in full without any co-payments. Thereafter there will be a 20% co-payment for every additional Rand without any limit. Subject to approval of Oncology treatment plan	<u>In-hospital</u> Paid from Hospital Benefit The first R200,000 of approved treatment in a 12 months cycle will be covered in full without any co-payments. Thereafter there will be a 20% co-payment for every additional Rand without any limit. Subject to approval of Oncology treatment plan	<u>In-hospital</u> Paid from Hospital Benefit The first R400,000 of approved treatment in a 12 months cycle will be covered in full without any co-payments. Thereafter there will be a 20% co-payment for every additional Rand without any limit. Subject to approval of Oncology treatment plan	<u>In-hospital</u> Paid from Hospital Benefit The first R400,000 of approved treatment in a 12 months cycle will be covered in full without any co-payments. Thereafter there will be a 20% co-payment for every additional Rand without any limit. Subject to approval of Oncology treatment plan

Discovery Health Benefit Comparison 2014

Benefits	KeyCare Plans	Core Plans	Saver Plans	Priority Plans	Comprehensive Plans	Executive Plan
RADIOLOGY AND PATHOLOGY	<p><u>In-hospital</u> KeyCare Plus and Core Paid from Hospital Benefit No limit</p> <p>KeyCare Access Only for emergencies, trauma, maternity and the baby in the first 12 months after the date of birth of the baby</p> <p><u>Day-to-day</u> Core No benefit</p> <p>Plus and Access Only basic x-rays and blood test on referral from network GP.</p>	<p><u>In-hospital</u> Paid from Hospital Benefit No limit</p> <p><u>Day-to-day</u> No benefit</p>	<p><u>In-hospital</u> Paid from Hospital Benefit No limit</p> <p><u>Day-to-day</u> 100% of DH-tariff paid from MSA</p>	<p><u>In-hospital</u> Paid from Hospital Benefit No limit</p> <p><u>Day-to-day</u> 100% of DH-tariff paid from MSA or ATB</p> <p><u>Overall ATB limit</u> Principal member: R8,500 Spouse/Adult: R6,050 Per child: R2,920 (Maximum of three children)</p>	<p><u>In-hospital</u> Paid from Hospital Benefit No limit</p> <p><u>Day-to-day</u> 100% of DH-tariff paid from MSA and ATB</p>	<p><u>In-hospital</u> Paid from Hospital Benefit No limit</p> <p><u>Day-to-day</u> 100% of DH-tariff paid from MSA and ATB</p>
MRI and CT SCANS Pre-authorization required	<p><u>In-hospital</u> Paid from Hospital Benefit Only if part of an approved admission in network hospital</p> <p><u>Day-to-day</u> Limited to the specialist benefit limit of R2,750.</p> <p>No cover for scans for conservative back and neck treatment</p>	<p><u>In-hospital</u> Paid from Hospital Benefit Subject to referral by a specialist</p> <p>No benefit for MRI or CT scans done when the member is admitted to hospital for conservative back treatment.</p> <p><u>Day-to-day</u> No benefit</p>	<p><u>In-hospital</u> Paid from Hospital Benefit Subject to referral by a specialist</p> <p><u>Day-to-day</u> First R2,450 of MRI and CT scan paid from MSA</p>	<p><u>In-hospital</u> Paid from Hospital Benefit Subject to referral by a specialist</p> <p><u>Day-to-day</u> First R2,450 of MRI and CT paid from MSA and ATB. The balance of the account will be paid from the Hospital Benefit.</p> <p><u>Overall ATB limit</u> Principal member: R8,500 Spouse/Adult: R6,050 Per child: R2,920 (Maximum of three children)</p>	<p><u>In-hospital</u> Paid from Hospital Benefit Subject to referral by a specialist</p> <p><u>Day-to-day</u> First R2,450 of MRI and CT paid from MSA and ATB. The balance of the account will be paid from the Hospital Benefit.</p> <p>Classic Comprehensive Zero Cover when threshold reached</p>	<p><u>In-hospital</u> Paid from MSA and ATB Subject to referral by a specialist</p> <p><u>Day-to-day</u> Paid from the MSA and or ATB</p>
SCREENING BENEFIT	Certain screening tests to be covered from Hospital Benefit	Certain screening tests to be covered from Hospital Benefit	Certain screening tests to be covered from Hospital Benefit	Certain screening tests to be covered from Hospital Benefit	Certain screening tests to be covered from Hospital Benefit	Certain screening tests to be covered from Hospital Benefit

Discovery Health Benefit Comparison 2014

Benefits	KeyCare Plans	Core Plans	Saver Plans	Priority Plans	Comprehensive Plans	Executive Plan
OVER THE COUNTER MEDICATION SCHEDULE 0, 1 & 2 (even when prescribed)	No benefit	No benefit	Limited to funds in MSA	Limited to funds in MSA Up to a maximum of 75% of the DH-tariff for non-generic medicine Up to a maximum of 100% of the DH-tariff for generic medicine [Does not accumulate to the ATB and will not be covered once in ATB]	Limited to funds in MSA Up to a maximum of 75% of the DH-tariff for non-generic medicine Up to a maximum of 100% of the DH-tariff for generic medicine. [Does not accumulate to the ATB and will not be covered once in ATB]	Limited to funds in MSA Up to a maximum of 90% of the DH-tariff for non-generic medicine Up to a maximum of 100% of the DH-tariff for generic medicine. [Does not accumulate to the ATB and will not be covered once in ATB]
CHRONIC MEDICATION Limited to registration with scheme via Chronic Illness Benefit (CIB)	<p><u>26 Prescribed Minimum Benefits (PMB) conditions and HIV/AIDS</u></p> <p>100% of cost from formulary or list from network provider. No limit Limited to registration with scheme via Chronic Illness Benefit (CIB)</p> <p>20% Co-payment applicable if medication obtained from non-network pharmacy or non-network provider</p> <p><u>Other chronic conditions</u> No benefit</p>	<p><u>26 Prescribed Minimum Benefits (PMB) conditions and HIV/AIDS</u></p> <p>Cover for 26 listed conditions Limited to a formulary or Class Drug Amount</p> <p>Delta plans Members to obtain medicine from MedXpress or 20% co-payment will be applicable.</p> <p><u>Other chronic conditions</u> No benefit</p>	<p><u>26 Prescribed Minimum Benefits (PMB) conditions and HIV/AIDS</u></p> <p>Cover for 26 listed conditions Limited to a formulary or Class Drug Amount</p> <p>Delta plans Members to obtain medicine from MedXpress or 20% co-payment will be applicable.</p> <p><u>Other chronic conditions</u> Limited to funds in MSA</p>	<p><u>26 Prescribed Minimum Benefit (PMB) chronic conditions and HIV/AIDS</u></p> <p>Cover for 26 listed conditions Limited to a formulary or Class Drug Amount</p> <p><u>Other chronic conditions</u> Conditions not covered by the CIB will be paid from MSA or ATB</p>	<p><u>26 Prescribed Minimum Benefit (PMB) chronic conditions and HIV/AIDS</u></p> <p>100% of DH-tariff from Hospital Benefit for approved medication. Limited to a drug formulary or Class Drug Amount</p> <p><u>More than 30 additional chronic conditions</u> Paid from Hospital Benefit Limited to a drug formulary or Class Drug Amount</p> <p>Delta plans Members to obtain medicine from MedXpress or 20% co-payment will be applicable.</p> <p><u>Other chronic conditions</u> Conditions not covered by the CIB will be paid from MSA, then ATB Limited to acute medication limit</p>	<p><u>26 Prescribed Minimum Benefit (PMB) conditions and HIV/AIDS</u></p> <p>100% of DH-tariff from Hospital Benefit for approved medication. Limited to a drug formulary or Class Drug Amount</p> <p><u>More than 30 additional chronic conditions</u> Paid from Hospital Benefit Limited to a drug formulary or Class Drug Amount</p> <p><u>Other chronic conditions</u> Paid from MSA, then ATB Limited to acute medication limit</p>

Discovery Health Benefit Comparison 2014

Benefits	KeyCare Plans	Core Plans	Saver Plans	Priority Plans	Comprehensive Plans	Executive Plan
<p>ACUTE MEDICATION Preferred Provider: Medikredit Pharmacies</p>	<p>Core No benefit</p> <p>Plus and Access 100% of cost for medication on formulary or list from network provider</p>	No benefit	Limited to available funds in MSA.	<p>Limited to funds in MSA or ATB Up to a maximum of 75% of the DH-tariff for non-generic medicine Up to a maximum of 100% of the DH-tariff for generic medicine</p> <p>Classic Single member: R13,100 Member + 1: R15,900 Member + 2: R19,150 Member + 3: R20,900</p> <p>Essential Single member: R9,350 Member + 1: R11,050 Member + 2: R13,100 Member + 3: R15,900</p> <p>Overall ATB limit Principal member: R8,500 Spouse/Adult: R6,050 Per child: R2,920 (Maximum of three children)</p>	<p>Paid from MSA and ATB Up to a maximum of 75% of the DH-tariff for non-generic medicine Up to a maximum of 100% of the DH-tariff for generic medicine.</p> <p>Limit (from MSA and ATB):</p> <p>Classic Single member: R20,250 Member + 1: R23,800 Member + 2: R27,650 Member + 3: R31,550</p> <p>Essential Single member: R13,100 Member + 1: R15,900 Member + 2: R19,150 Member + 3: R20,900</p>	<p>Paid from MSA and ATB Up to a maximum of 90% of the DH-tariff for non-generic medicine Up to a maximum of 100% of the DH-tariff for generic medicine.</p> <p>Limit (from MSA and ATB):</p> <p>Single member: R24,950 Member + 1: R29,150 Member + 2: R33,400 Member + 3: R37,650</p>
<p>OPTICAL BENEFIT</p>	<p>Core No benefit</p> <p>Plus and Access One test and one pair of white mono- or bifocal glasses with basic frame or standard contact lenses per person every 24 months only at an optometrist within the KeyCare optometry network.</p>	No benefit	Limited to funds in MSA	<p>100% of the DH-tariff paid from MSA or ATB</p> <p>Limit (from MSA and ATB): R3,250 per person</p> <p>Overall ATB limit Principal member: R8,500 Spouse/Adult: R6,050 Per child: R2,920 (Maximum of three children)</p>	<p>100% of the DH-tariff paid from MSA and ATB.</p> <p>Limit (from MSA and ATB): R3,500 per person</p>	<p>100% of the DH-tariff paid from MSA or ATB.</p> <p>Limit (from MSA and ATB): R5,150 per person</p>

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SCOPES	<p>Core and Plus The following procedures will be covered if done in a KeyCare day clinic: Colonoscopy Gastroscopy Sigmoidoscopy Proctoscopy Adenoidectomy Myringotomy Tonsillectomy Cytourethroscopy Prostate biopsy Vasectomy</p> <p>Access Only covered if related to emergencies, trauma, childbirth and care for a newborn.</p>	<p><u>In-hospital</u> The first R3, 100 of the hospital account is paid by the member. The balance of the hospital account is paid from the hospital benefit as well as the related accounts.</p> <p><u>In the Dr's rooms</u> Paid from the hospital benefit</p>	<p><u>In-hospital</u> The first R3, 100 of the hospital account is paid from the MSA. The balance of the hospital account is paid from the hospital benefit as well as the related accounts.</p> <p><u>In the Dr's rooms</u> Paid from the hospital benefit</p>	<p><u>In-hospital</u> The hospital account will attract a deductible of between R2,850 and R5,150 depending on the scope. The balance of the hospital account and related accounts are paid from the hospital benefit.</p> <p><u>In the Dr's rooms</u> Paid from the hospital benefit</p>	<p><u>In-hospital</u> The first R2, 500 of hospital account will be paid from MSA and ATB. The balance of the hospital account as well as the related accounts will be paid from the hospital benefit.</p> <p><u>In the Dr's rooms</u> Paid from the hospital benefit</p>	<p><u>In-hospital</u> The hospital account will be aid from the Hospital Benefit and all related accounts will be paid from MSA and ATB</p> <p><u>In the Dr's rooms</u> Paid from MSA and ATB</p>

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DENTAL BENEFIT	<p><u>In hospital and in a day clinic</u> No benefit</p> <p>Day-to-day Core No benefit</p> <p>Plus and Access Only basic dentistry covered at a network practitioner (cover for consultations, fillings and extractions.)</p>	<p><u>In-hospital and in a day clinic</u> The hospital and day clinic account will be paid from the hospital benefit, subject to a deductible:</p> <p><u>Hospital</u> Deductible payable if the patient is older than 13 years: R4,000 Deductible if the patient is younger than 13 years: R1,550</p> <p><u>Day clinic</u> Deductible payable if the patient is older than 13 years: R2,600 Deductible if the patient is younger than 13 years: R750</p> <p>All related accounts for the dental procedure in-hospital and day clinic will be paid from the hospital benefit at 100% of the DH-tariff.</p> <p><u>No benefit for day-to-day dentistry</u></p> <p><u>No benefit for dental devices and appliances</u></p>	<p><u>In-hospital and in a day clinic</u> The hospital and day clinic account will be paid from the hospital benefit, subject to a deductible:</p> <p><u>Hospital</u> Deductible payable if the patient is older than 13 years: R4,000 Deductible if the patient is younger than 13 years: R1,550</p> <p><u>Day clinic</u> Deductible payable if the patient is older than 13 years: R2,600 Deductible if the patient is younger than 13 years: R750</p> <p>All related accounts for the dental procedure in-hospital and day clinic will be paid from the hospital benefit at 100% of the DH-tariff.</p> <p><u>Day-to-day dentistry paid from MSA</u></p> <p><u>Dental devices and appliances paid from MSA</u></p>	<p><u>In-hospital and in a day clinic</u> The hospital and day clinic account will be paid from the hospital benefit, subject to a deductible:</p> <p><u>Hospital</u> Deductible payable if the patient is older than 13 years: R4,000 Deductible if the patient is younger than 13 years: R1,550</p> <p><u>Day clinic</u> Deductible payable if the patient is older than 13 years: R2,600 Deductible if the patient is younger than 13 years: R750</p> <p>All related accounts for the dental procedure in-hospital and day clinic will be paid from the hospital benefit at 100% of the DH-tariff.</p> <p><u>Day-to-day dentistry paid from MSA and ATB</u></p> <p><u>Limit of R13,000 for dental devices and appliances, limited to MSA and ATB</u></p> <p><u>Overall ATB limit</u> <u>Principal member: R8,500</u> <u>Spouse/Adult: R6,050</u> <u>Per child: R2,920</u> <u>(Maximum of three children)</u></p>	<p><u>In-hospital and in a day clinic</u> The hospital and day clinic account will be paid from the hospital benefit, subject to a deductible:</p> <p><u>Hospital</u> Deductible payable if the patient is older than 13 years: R4,000 Deductible if the patient is younger than 13 years: R1,550</p> <p><u>Day clinic</u> Deductible payable if the patient is older than 13 years: R2,600 Deductible if the patient is younger than 13 years: R750</p> <p>All related accounts for the dental procedure in-hospital and day clinic will be paid from the hospital benefit at 100% of the DH-tariff.</p> <p><u>Day-to-day dentistry paid from MSA and ATB</u></p> <p><u>Limit of R20,900 for dental devices and appliances, limited to MSA and ATB</u></p>	<p><u>In-hospital</u> Hospital account is paid from Hospital Benefit. Related accounts for in-hospital dentistry, eg dentists and anaesthetists, paid from MSA and ATB.</p> <p><u>Day-to-day</u> Paid from MSA and ATB, subject to benefit limit</p> <p>Limit (from MSA and ATB): R36,500 per person</p>

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EXTERNAL MEDICAL APPLIANCES	<p><u>Keycare Core</u> No Benefit</p> <p><u>Keycare Plus and Access</u> R4,450 per family for certain day-to-day appliances through a network.</p>	<p>No benefit</p>	<p>Limited to funds in MSA</p>	<p>Paid from MSA or ATB</p> <p>Limits (from MSA and ATB) Classic R35,500 per family, including hearing-aid sub-limit of R15,700</p> <p>Essential R23,800 per family, including hearing-aid sub-limit of R11,100</p> <p>Overall ATB limit Principal member: R8,500 Spouse/Adult dep: R6,050 Per child: R2,920 (Maximum of three children)</p>	<p>Paid from MSA and ATB, subject to benefit limit</p> <p>Limits (from MSA and ATB) Classic and Classic Delta R53,000 per family, including hearing-aid sub-limit of R19,600 per family</p> <p>Essential and Essential Delta R35,500 per family, including hearing-aid sub-limit of R15,700 per family</p>	<p>Paid first from MSA and ATB, subject to benefit limit</p> <p>Limits (from MSA and ATB) R53,000 per family, including hearing-aid sub-limit R19,600 per family</p>

NMG Discovery Health contribution rates for 2014

Scheme	Plan	Principal Member	Spouse/ Adult dependant	Child
Discovery	KeyCare Core (R0 to R6,650)	R556	R556	R143
	KeyCare Core (R6,651 to R8,800)	R693	R693	R171
	KeyCare Core (R8,801+)	R1 070	R1 070	R241
	KeyCare Access (R0 to R4,150)	R490	R490	R212
	KeyCare Access (R4,151 to R6,650)	R653	R653	R235
	KeyCare Access (R6,651 to R8,800)	R942	R942	R267
	KeyCare Access (R8,801+)	R1,416	R1,416	R381
	KeyCare Plus (R0 to R6,650)	R695	R695	R251
	KeyCare Plus (R6,651 to R8,800)	R973	R973	R272
	KeyCare Plus (R8,801+)	R1,448	R1,448	R388
	Coastal Core	R1 087	R815	R434
	Essential Delta Core	R1 010	R757	R405
	Essential Core	R1, 263	R947	R506
	Classic Delta Core	R1,177	R925	R471
	Classic Core	R1, 471	R1,157	R587
	Coastal Saver	R1,556	R1,166	R625
	Essential Delta Saver	R1,254	R942	R502
	Essential Saver	R1,570	R1,175	R628
	Classic Delta Saver	R1,578	R1, 244	R633
	Classic Saver	R1,976	R1,556	R790
	Essential Priority	R1,937	R1,522	R774
	Classic Priority	R2,254	R1,774	R902
	Essential Delta Comprehensive	R2,544	R2,403	R509
	Essential Comprehensive	R2,825	R2,670	R568
	Classic Delta Comprehensive	R3,028	R2,864	R602
	Classic Comprehensive	R3,362	R3,180	R670
Classic Comprehensive Zero MSA	R2,522	R2,385	R503	
Executive	R4,100	R4,100	R778	

	Single member	Member + 1	Member + 2 +
Vitality	R169	R199	R225
KeyFit	R36	R44	R55
Vitality and KeyFit	R179	R215	R249